

ATLANTA POLICE DEPARTMENT
Narcotics Request for Warrant Service / Tactical
Assistance

OPERATION INFORMATION

Search Warrant Arrest Warrant Takedown
Buy/Bust Other

LOCATION: (If warrant, give exact address)

Deconfliction Number:	Case File Number: (if applicable)	Operation Time
		a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>

Has your current supervisor been notified of your request for Narcotics assistance?
 Yes No

SEARCH WARRANT INFORMATION

Do you have Calls for Service history on the suspect

1. location? Yes No
2. Do you have suspect(s) information including photo(s) and criminal history? Yes No
3. Do you have any information about weapons at the location? Yes No
If yes, what type? _____

4. How current is the information on your case/warrant?
Dates/time: _____ Recent Old

5. Warrant type:
 Knock and Announce **No-Knock Warrant**

6. Do you have a tactical operations plan for the initial investigation? Yes No

7. Do you have knowledge of the location being fortified?
If yes, what type? _____ Yes No

8. How many officers from your zone or unit will be participating in the warrant? _____

NON WARRANT OPERATION

Operation Type:

Description of operation details: (brief)

Number of officers participating in the operation from your zone/unit:	Zone	Unit
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REQUESTOR'S INFORMATION	Date:	Division:	Section:	Unit
Requestor's Name:	APD ID#:			
Unit	APD			
Supervisor:	ID#:			
Narcotics Unit Commander:	Approve		Disapprove	